

CLAIMS ONLY				Application Number <div style="border: 1px solid black; padding: 2px; text-align: center; font-weight: bold;">10618439</div>		Filing Date	
				Applicant(s)			
* May be used for additional claims or amendments							
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
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Total Indep	3						
Total Depend	22						
Total Claims	25						